10/24/2006 09:35

Image# 26960580668

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORIWI 3X	For Other Than A	n Authorized Comm	ittee	Office Use Only
NAME OF COMMITTEE (in full)	USE FEC MAILING LA		ing, type	
American Academy of Fami	ily Physicians Political Act	ion Committee		
ADDRESS (number and street)	2021 Massachusetts	s Avenue, NW		
Check if different than previously reported. (ACC)	Washington		DC	20036
2. FEC IDENTIFICATION NU	MBER ¥	CITY 🛋	STATE	ZIPCODE 🛦
C00411553		3. IS THIS REPORT	NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report(July 15 Quarterly Report(October 15 Quarterly Report(January 31 Quarterly Report(July 31 Mid-Year Report(Non-electi Year Only) (MY) Termination Report(TER)	(c) 12-Day PRE-Elec: Report for Q3) YE) on (d) 30-Day Post -Ele Report for	Election on 11 1 Ction General (3	n (12C) S	Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Sep 20 (M9) Oct 20 (M10) Jan 31 (YE) General (12G) Runoff (12R) Special (12G) Sin the State of Runoff (30R) Special (30S) in the State of
5. Covering Feriod	0 01 20	tilloug	"	8 2006
I certify that I have examined this Type or Print Name of Treasurer	Developed Medical	_	t is true, correct and co	mplete.
		ormation may subject the p	Date	1 0 2 4 2 0 0 6 ort to the penalties of 2 U.S.C 437g.
Office Use	oncous, or incomplete lift	Jamation may subject the pr	Cracin algrining this nept	FEC FORM 3X

Image# 26960580669

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

F	eport Covering the Period: From:	01 2006	To: 10 18 2006
	_	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1 Y2006		140251.75
	(b) Cash on Hand at Begining of Reporting Period	172935.72	
	(c) Total Receipts (from Line 19)	31525.22	216534.99
	(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	204460.94	356786.74
7.	Total Disbursements (from Line 31)	9366.87	161692.47
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	195094.07	195094.27
).	Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
0.	Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name

American Academy of Family Physicians Political Action Committee

Report Covering the Period:

From:

01

м м 1 0 2006

To:

м м 1 0 ^D 18

^Y 2006

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
Contributions (other than loans) From: (a) Individuals/Persons Other				
	Political Committees mized (use Schedule A)	20085.79	167640.11	
(ii) Ur	nitemized	11416.01	45068.59	
	OTAL (add nes 11(a)(i) and (ii) >	31501.80	212708.70	
(b) Politica	al Party Committees	0.00	0.00	
(such a	Political Committees as PACs) Contributions (add Lines	0.00	0.00	
	ii),(b) and (c)) (Carry to Line 33, page 5)	31501.80	212708.70	
	rom Affiliated/Other nittees	0.00	0.00	
13. All Loans R	eceived	0.00	0.00	
14. Loan Repay 15. Offsets To	rments Received Operating Expenditures	0.00	0.00	
(Carry Total	Rebates, etc.) Is to Line 37, page 5) Contributions Made	23.42	3826.29	
to Federal c	andidates and Other	0.00	0.00	
Other Feder (Dividends,	ral Receipts Interest, etc.)	0.00	0.00	
	rom Non-Federal and Levin Funds			
` '	deral Account Schedule H3)	0.00	0.00	
(b) Levin F	unds (from Schedule H5)	0.00	0.00	
(c) Total Tr	ansfer (add 18(a) and 18(b)).	0.00	0.00	
	pts (add Lines 11(d), 15, 16, 17, and 18(c))	31525.22	216534.99	
20. Total Feder (subtract Li	al Receipts ne 18(c) from Line 19)	31525.22	216534.99	

from Line 31).....

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4 **COLUMN A COLUMN B II. DISBURSEMENTS Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) 0.00 0.00 (i) Federal Share..... 0.00 0.00 (ii) Non-Federal Share..... (b) Other Federal Operating 366.87 3245.71 Expenditures..... (c) Total Operating Expenditures 366.87 3245.71 (add 21(a)(i), (a)(ii) and (b))............ 22. Transfers to Affiliated/Other Party 0.00 0.00 Committees..... Contributions to 23. Federal Candidates/Committees.....and Other Political Committees..... 9000.00 156500.00 24. Independent Expenditure 0.00 0.00 0.00 0.00 0.00 0.00 26. Loan Repayments Made..... 0.00 0.00 27. Loans Made..... 28. Refunds of Contributions To: Individuals/Persons Other 0.00 0.00 Than Political Committees 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs) (d) Total Contribution Refunds 0.00 0.00 (add Lines 28(a), (b), and (c)) 0.00 1946.76 29. Other Disbursements..... 30. Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) 0.00 0.00 (i) Federal Share 0.00 0.00 (ii) "Levin" Share (b) Federal Election Activity Paid Entirely 0.00 0.00 With Federal Funds (c) Total Federal Election Activity (add 0.00 0.00 Lines 30(a)(i), 30(a)(ii) and 30(b)).... 31. Total Disbursements (add Lines 21(c), 22, 9366.87 161692.47 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) 9366.87 161692.47

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. N	let Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	ributions (other than loans)	31501.80	212708.70
	ribution Refunds 28(d))	0.00	0.00
	outions (other than loans) Line 34 from Line 33)	31501.80	212708.70
	eral Operating Expenditures 21(a)(i) and Line 21(b))	366.87	3245.71
	Operating Expenditures 15, page 3)	23.42	3826.29
	ting Expenditures Line 37 from Line 36)	343.45	-580.58

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 6/36
	· ·		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Charles T Allred, MD			Date of Receipt
	Mailing Address 130 S Bradley Dr			10 05 YYYYY 2006
	City	State	Zip Code	Transaction ID: C237425
	Salina	KS	67401-3506	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Salaina Health Edcuation Foundation	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		365.00	
				1
В.	Full Name (Last, First, Middle Initial) Jeffrey D Bachtel, MD			Date of Receipt
	Mailing Address 182 East Ave			M M / D D / Y Y Y Y
				10 02 2006
	City	State	Zip Code	Transaction ID: C237236
	Tallmadge	OH	44278-2311	Amount of Each Receipt this Period
	FEC ID number of contributing			31.00
	federal political committee.	C		31.00
	Name of Employer	Occupation	1	_
	Bachtel & Associates	Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General	7 1991 09ut0	Total to Date (1
	Other (specify)	l	217.00	
				4
C.	Full Name (Last, First, Middle Initial) Justin V Bartos, MD			Date of Receipt
	Mailing Address 4351 Booth Calloway Ro			10 02 2006
	City	State	Zip Code	Transaction ID: C237239
	North Richland Hil	TX	76180-7319	Amount of Each Receipt this Period
	FEC ID number of contributing			20.00
	federal political committee.	C		20.00
	Name of Employer North Hills Family Medici-	Occupation		
	ne	Physician		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	360.00	
	Other (specify) ▼	0 0		1
1_				416.00
Ls	UBTOTAL of Receipts This Page (optional)		<u> </u>	710.00
1				

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 7/36
	EMIZED RECEIPTS		or each category of the	(check only one)
•••	LIMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Δ	information and them and Ch	-1		13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the i	name and add	rnot be sold or used by any perso Iress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Vicki M Bertka, MD			Date of Receipt
	Mailing Address 8533 Castle Oaks Pl			10 10 2006
	City	State	Zip Code	Transaction ID: C237534
	Holland	OH	43528-9231	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Hospice of Northwest Ohio	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	500.00	1
	Other (specify)	0 0	000.00	1
В.	Full Name (Last, First, Middle Initial) Karla L Birkholz, MD			Date of Receipt
	Mailing Address 18700 N 64th Dr Ste 201			10 09 YYYY 2006
	City	State	Zip Code	Transaction ID: C237508
	Glendale	ΑZ	85308-7112	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Your Family Physician	Occupation Physician		7
	Receipt For:	-	Year-to-Date ▼	
	Primary General		005.00	1
	Other (specify)	0 0	365.00	
C.	Full Name (Last, First, Middle Initial) Catherine A Bishop, MD			Date of Receipt
Ο.	Mailing Address 26 Applewood Drive			M M / D D / Y Y Y Y
				10 02 2006
	City	State	Zip Code	Transaction ID: C237241
	Chillicothe	OH	45601-1903	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Adena Regional Medical Ce- nter	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify)	' '	700.00	
_	☐ Ottlet (specify) ♥		0 0 0 0 0 0 0	
s	UBTOTAL of Receipts This Page (optional)			965.00
T	OTAL This Period (last page this line number of	nly)		

S(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8/36
	EMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
An	y information copied from such Reports and Stater for commercial purposes, other than using the nam	ments may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physicians	Political A	Action Committee	_
۹.	Full Name (Last, First, Middle Initial) Steven F Brezny, MD			Date of Receipt
	Mailing Address 4339 Village Club Dr			10 02 7 2006
	City	State	Zip Code	Transaction ID: C237242
	Powell FEC ID number of contributing federal political committee.	ОН	43065-7324	Amount of Each Receipt this Period 100.00
	Family Physicians at Wada.	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼		450.00	
3.	Full Name (Last, First, Middle Initial) Mark Douglas Burd, MD			Date of Receipt
	Mailing Address 1188 Mount Gretna Road	10 09 7 7 7 7		
	City	State	Zip Code	Transaction ID: C237528
	Elizabethtown	PA	17022-1339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Pan State HMC	Occupation Physician		
			Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	365.00	
 C.	Full Name (Last, First, Middle Initial) George R Bush, MD			Date of Receipt
	Mailing Address 815 Cherry Ln			10 06 7 2006
	City	State	Zip Code	Transaction ID: C237465
	Laurel	MS	39440-1651	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Solf Employed	Occupation Physician		
	Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	500.00	
SI	JBTOTAL of Receipts This Page (optional)		>	965.00
т,	OTAL This Period (last page this line number only)		

ITI	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 36 (check only one) X
Any or f	r information copied from such Reports and State or commercial purposes, other than using the na	ements may me and add	not be sold or used by any persoress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political	Action Committee	
۹. ۱	Full Name (Last, First, Middle Initial) Gerald William Cahill, MD			Date of Receipt
	Mailing Address 23 4th St # 1			10 06 2006
	City	State	Zip Code	Transaction ID: C237489
•	Malone FEC ID number of contributing federal political committee.	C	12953-1331	Amount of Each Receipt this Period 365.00
	Name of Employer Self-Employed	Occupation Physician		-
	Primary General Other (specify) ▼	Aggregate	365.00	
	Full Name (Last, First, Middle Initial) Jane A Corson, MD			Date of Receipt
	Mailing Address Univ Physician Group-Pa 941 Park Dr			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237243
•	Palmyra FEC ID number of contributing federal political committee.	C	17078-3445	Amount of Each Receipt this Period 65.00
•	Name of Employer Penn State College of Med- icine	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 310.00	
շ.	Full Name (Last, First, Middle Initial) Steven A Crawford, MD			Date of Receipt
	Mailing Address Dep Of Fam And Prev Mo 900 NE 10th St	ed		10 02 2006
	City	State	Zip Code	Transaction ID: C237245
	Oklahoma City FEC ID number of contributing federal political committee.	OK C	73104-5495	Amount of Each Receipt this Period 83.33
•	Name of Employer University of Oklahoma	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		499.99	
SI	JBTOTAL of Receipts This Page (optional)			513.33
	(-p)			

S	CHEDULE A (FEC Form 3X)		Harris and a shaded of a	FOR LINE NUMBER: PAGE 10 / 36
	•		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Academy of Family Physician	ns Political	Action Committee	
A.	Full Name (Last, First, Middle Initial) Mary Margaret Crestani, MD			Date of Receipt
	Mailing Address 2745 Bob Wallace Ave Ste 245	SW Ste D		10 DD YYYY 2006
	City	State	Zip Code	Transaction ID: C237244
	Huntsville	AL	35805-4177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		45.63
	Name of Employer Crestani Family Medicine	Occupation Physician		1
	Receipt For:	<u> </u>	Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	228.11	
В.	Full Name (Last, First, Middle Initial) Daniel J Derksen, MD			Date of Receipt
	Mailing Address 306 Big Horn Ridge PI N	NE		10 10 2006
	City	State	Zip Code	Transaction ID: C237550
	Albuquerque	NM	87122-1455	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer University of New Mexico	Occupation Physician		
	Receipt For:	+	Year-to-Date ▼	
	Primary General	00 0	1 1 1 1 1 1 1 1 1	1
	Other (specify) ▼	0 0	365.00	
<u> </u>	Full Name (Last, First, Middle Initial) Barbara J Doty, MD			Date of Receipt
	Mailing Address 1700 Bogard Rd Ste 10	0		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237503
	Wasilla	AK	99654-6563	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		365.00
	Name of Employer Providence Health Systems	Occupation Family P		
	Receipt For:	-	Year-to-Date ▼	7
	Primary General			1
	Other (specify) ▼		865.00	
				775.00
s	UBTOTAL of Receipts This Page (optional)			775.63
\Box				-

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 11 / 36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	s Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Sarah Fessler, MD Mailing Address East Bay Fam HIth Care 100 Bullocks Point Ave City	State	Zip Code	Date of Receipt 1 0 0 5 2 0 0 6 Transaction ID: C237419
	Riverside	RI	02915-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer East Bay Community Action Program Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼	Occupation Physician Aggregate		
3.	Full Name (Last, First, Middle Initial) David C Flinders, MD Mailing Address Utah Valley Family Medicine			Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	475 W 940 N City	State	Zip Code	Transaction ID: C237551
	Provo	UT	84604-3301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3-100-1000 T	365.00
	Name of Employer IHC	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 365.00	
).	Full Name (Last, First, Middle Initial) John C Graves, MD			Date of Receipt
	Mailing Address 1100 E 3rd St			10 02 7 2006
	City	State	Zip Code	Transaction ID: C237249
	Chattanooga	TN	37403-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer University of Tennessee College of Med Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate		
s	UBTOTAL of Receipts This Page (optional)			980.00
T	OTAL This Period (last page this line number on	lv)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12/36 (check only one) X
Any information copied from such Reports and Si or for commercial purposes, other than using the	atements may not be sold or used by any person name and address of any political committee to	n for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Academy of Family Physicia	ns Political Action Committee	
Full Name (Last, First, Middle Initial) Douglas W Harley, DO Mailing Address 311 Kenilworth Ave NE City Warren FEC ID number of contributing federal political committee. Name of Employer Ohio Northeast Health Systems, Inc Receipt For: Primary General	State Zip Code OH 44483-5412 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M J D D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ Full Name (Last, First, Middle Initial) Daniel J Heinemann, MD Mailing Address 1305 W 18th St	255.50	Date of Receipt
PO Box 5039 City Sioux Falls FEC ID number of contributing federal political committee.	State Zip Code SD 57117-5039	Transaction ID: C237252 Amount of Each Receipt this Period 500.00
Name of Employer Sioux Valley Health Syste- ms Receipt For: Primary General Other (specify) ▼	Occupation Physician Aggregate Year-to-Date ▼ 4500.00	
Full Name (Last, First, Middle Initial) Mikel D Holland, MD Mailing Address Medical Associates Clin 100 Mac Ln City Pierre FEC ID number of contributing federal political committee. Name of Employer Self Employed Receipt For: Primary General	State Zip Code SD 57501-3391 C Occupation Physician Aggregate Year-to-Date ▼	Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Other (specify) ▼ SUBTOTAL of Receipts This Page (optional) TOTAL This Period (last page this line number of the content of the conte	<u> </u>	586.50

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 13 / 36 (check only one)
	EMIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 17 13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso ress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians	Political /	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Joel E Hornung, MD			Date of Receipt
	Mailing Address 604 N Washington St PO Box A			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237535
	Council Grove FEC ID number of contributing	KS	66846-1422	Amount of Each Receipt this Period
	federal political committee.	C		333.33
	Name of Employer Self-Employed	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼	0 0	333.33	
₹	Full Name (Last, First, Middle Initial) Elvin C Irvin, MD			Date of Receipt
J .	Mailing Address 350 Pensacola Beach Ro	l		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237292
	Gulf Breeze	FL	32561-4882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Gulf Coast Physician Part-	Occupation Physician		
	ners Receipt For:		Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	700.00	
).	Full Name (Last, First, Middle Initial) Carol Ann Johnson, MD			Date of Receipt
	Mailing Address 5303 E 46th Street N			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237552
	Wichita FEO ID and the street of the street	KS	67220	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer Emergency Services of Kan- sas	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
s	UBTOTAL of Receipts This Page (optional)			798.33
_	- 1 20- (-1)		········ •	

	EDULE A (FEC Form 3X) IIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 14/3 (check only one) X 11a 11b 11c 12	
Any info	ormation copied from such Reports and Stat ommercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso ress of any political committee to	13 14 15 16 In for the purpose of soliciting contributions solicit contributions from such committee.	17 s
\	ME OF COMMITTEE (In Full) erican Academy of Family Physicians	s Political <i>i</i>	Action Committee		
4. <u>War</u>	Name (Last, First, Middle Initial) ren A Jones, MD			Date of Receipt	
Mail	ing Address 115 Cirencester Drive			10 10 200	
City		State	Zip Code	Transaction ID: C237553	
	geland	MS	39157	Amount of Each Receipt this Period	
	CID number of contributing eral political committee.	C		365.0	00
Nan Self	ne of Employer Employed	Occupation Physician			
Rec	eipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼	0 0	365.00		
	Name (Last, First, Middle Initial) rge T Kappos, MD			Date of Receipt	
	ing Address 3716 SW Court Ave			M M / D D / Y Y Y Y 1 1 0 0 9 2 0 0	
City		State	Zip Code	Transaction ID: C237512	
<u>Anl</u>	keny	IA	50023-9215	Amount of Each Receipt this Period	
	CID number of contributing ral political committee.	С		365.0	00
Nam	ne of Employer a Health Physicians	Occupation Physician			
Rec	eipt For:		Year-to-Date ▼	7	
	Primary ☐ General Other (specify) ▼		365.00		
	Name (Last, First, Middle Initial) nael R King, MD			Date of Receipt	
Mailing Address UK Dept of Family Medicine K302 Kentucky Clinic				10 / 10 / 200	
City		State	Zip Code	Transaction ID: C237562	
	rington	KY	40536-0001	Amount of Each Receipt this Period	-
fede	CID number of contributing eral political committee.	C		300.0	00
University of Kentucky		Occupation Physician			
Rec	eipt For:	Aggregate	Year-to-Date ▼		
	Primary ☐ General Other (specify) ▼		500.00		
SUBT	OTAL of Receipts This Page (optional)			1030.0	00

0	CHEDIII E A /EEC Eorm 2V)			FOR LINE NUMBER: PAGE 15/36
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δr	y information copied from such Reports and Sta	itaments may	not be sold or used by any nerse	
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	o solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)		•	
$ \rangle$	American Academy of Family Physician	e Political	Action Committee	
	American Academy of Family Friysician	is i dillicai i	Action Committee	
	Full Name (Last, First, Middle Initial)			
A.	Steven D Knight, MD			Date of Receipt
	Mailing Address Primary Care Group			M M / D D / Y Y Y Y
	117 E Ćlark St			10 10 2006
	City	State	Zip Code	Transaction ID: C237554
	Harrisburg	IL	62946-2702	Amount of Each Receipt this Period
	FEC ID number of contributing			205.00
	federal political committee.	C		365.00
	Name of Employer Primary Care Group	Occupation		
		Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		564.10	1
	Other (specify) ▼		304.10	
ь	Full Name (Last, First, Middle Initial)			Date of Bassint
В.	Laura C Knobel, MD			Date of Receipt
	Mailing Address 3 Freedom Way			10 09 2006
	City	State	Zip Code	
	Walpole	MA	02081-2290	Transaction ID: C237518
	•	IVIA	02081-2290	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer	Occupation	1	7
	Self Employed	Physician	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			7
	Other (specify) ▼		250.00	
				*
	Full Name (Last, First, Middle Initial)			
C.	Marianne C LaBarbera, MD			Date of Receipt
	Mailing Address 5 Cheshire PI			M M / D D / Y Y Y Y
				10 10 2006
	City	State	Zip Code	Transaction ID: C237536
	Staten Island	NY	10301-3605	Amount of Each Receipt this Period
	FEC ID number of contributing	С		500.00
	federal political committee.			
	Name of Employer	Occupation	1	\dashv
	Self-Employed	Physician		
	Receipt For:		Year-to-Date ▼	-
	Primary General	55. 55410	=	₇
	Other (specify)		500.00	
				1
0	UBTOTAL of Receipts This Page (optional)			1115.00
\vdash	ODITAL OF FLOODING THIS Fage (optional)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 16/36
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar	ny information copied from such Reports and St for commercial purposes, other than using the	atements may	y not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physicia	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) James G Lenhart, MD			Date of Receipt
	Mailing Address 2410 Fire Mesa St Ste	180		10 04 2006
	City	State	Zip Code	Transaction ID: C237309
	Las Vegas	NV	89128-9017	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer University of Nevada	Occupatio Physicial		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	
	Other (specify) ▼	0 0	240.00	
В.	Full Name (Last, First, Middle Initial) Alma J Brown Littles, MD			Date of Receipt
	Mailing Address Dept of Fam Med Rura Florida State University			10 05 7 2006
	City	State	Zip Code	Transaction ID: C237379
	Tallahassee	<u>FL</u>	32306-4300	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		100.00
	Name of Employer FSU College of Medicine	Occupatio Physicia		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	365.00	
— С.	Full Name (Last, First, Middle Initial) Glenn Allen Loomis, MD			Date of Receipt
Ο.	Mailing Address 849 Kellogg Ave			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237532
	Janesville	WI	53546-2808	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Mercy Health System	Occupatio Physicial		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
_				
s	UBTOTAL of Receipts This Page (optional)			660.00
\vdash			·	

SCHEDU	LE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 17/36
	D RECEIPTS		or each category of the	(check only one)	1440 🗆 40
			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Any information	on copied from such Reports and Sta	atements may	not be sold or used by any perso		
or for commer	cial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from s	such committee.
1	COMMITTEE (In Full)				
Americar	n Academy of Family Physician	ns Political	Action Committee		
	(Last, First, Middle Initial) Raye Mabry, MD			Date of Receipt	
	dress 339 S Presa St			M M / D D	
City		State	Zip Code	10 04	2006
San Anto	nio	TX	78205-3425	Transaction ID: C2 Amount of Each Rec	
	mber of contributing		70200 0420	Amount of Laciffied	
	tical committee.	C			100.00
Name of E Christus H	mployer ealth Care	Occupation Physician			
Receipt Fo	r:	<u> </u>	Year-to-Date ▼	_	
Prima		00 0		1	
Othe	r (specify) ▼	0 0	900.00		
_	(Last, First, Middle Initial) draswalla, MD			Date of Receipt	
	dress 34 Professional Park Ro	M M / D D	/ Y Y Y Y		
				10 04	2006
City		State	Zip Code	Transaction ID: C2	
Storrs		СТ	06268-1667	Amount of Each Red	ceipt this Period
	mber of contributing tical committee.	С			31.00
Name of E Mansfield	mployer Family Practice	Occupation Physician			
Receipt Fo	r:	<u> </u>	Year-to-Date ▼		
Prima	ary General	00 0		1	
Othe	r (specify) ♥		248.00		
_	(Last, First, Middle Initial) rles Martin, MD			Date of Receipt	
Mailing Add	dress 333 N Santa Rosa Ave Ste 4703	Ste 4703		M M / D D D 10	2006
City		State	Zip Code	Transaction ID: C2	37538
San Anto	nio	TX	78207-3108	Amount of Each Red	ceipt this Period
	mber of contributing tical committee.	C			2500.00
Name of E	mployer anta Rosa Health	Occupation	1	7	
Christus S <u>Care</u>	anta Rosa Health	Physiciar			
Receipt Fo		Aggregate	Year-to-Date ▼		
Prima	ary General r (specify) ▼		2500.00		
Otile	i (opeciiy) ♥		0 0 0 0 0 0	1	
SUBTOTAL	of Receipts This Page (optional)				2631.00
TOTAL This	Period (last page this line number o	nly)			

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 18 / 36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Ar or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	ments may	r not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political	Action Committee	
Α.	Name of Employer Lake City Community Hospital	State SC C Decupation Physician Aggregate		Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Full Name (Last, First, Middle Initial) George Horace Moore, Jr, MD Mailing Address 9832 Koupela Dr City	State	Zip Code	Date of Receipt 10 09 7 2006 Transaction ID: C237506
	Todoral political continuece.	NC C	27614-9031	Amount of Each Receipt this Period 365.00
	Duke University Shealth Systems	Occupation Physiciar Aggregate		
Full Name (Last, First, Middle Initial) Dale C Moquist, MD Mailing Address Memorial Family Med Resident 7737 Southwest Fwy Ste 400				Date of Receipt M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Houston FEC ID number of contributing	State TX	Zip Code 77074-1804	Transaction ID: C237312 Amount of Each Receipt this Period 100.00
	Name of Employer MHHS C	Occupation Physician	Year-to-Date ▼	
s	Other (specify) ▼ UBTOTAL of Receipts This Page (optional)	0 0	900.00	965.00
Т	OTAL This Period (last page this line number only))	>	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 19/36
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Academy of Family Physician	ns Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Javette C Orgain, MD			Date of Receipt
	Mailing Address PO Box 806527			10 04 2006
	City	State	Zip Code	Transaction ID: C237314
	Chicago	IL	60680-4126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		50.00
	Name of Employer University of Illinois	Occupation	1	_
	University of Illinois	Physiciar	1	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1 1	400.00	
	Other (specify) ▼	0 0	400.00	
В.	Full Name (Last, First, Middle Initial) Arnold I Pallay, MD			Date of Receipt
	Mailing Address 170 Changebridge Rd Co Off Condo's # C-3			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237504
	Montville	NJ	07045-9115	Amount of Each Receipt this Period
			070-0 0110	
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Changebridge Medical Asso-	Occupation	1	7
	ciate, PA	Medical o	loctor	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify)	0 0	200.00	
— С.	Full Name (Last, First, Middle Initial) Joseph Michael Parra, MD			Date of Receipt
J .	Mailing Address 1631 S Michelle Street			M M / D D / Y Y Y Y
	Too To Who here officer			10 10 2006
	City	State	Zip Code	Transaction ID: C237556
	Wichita	KS	67207-6546	Amount of Each Receipt this Period
	FEC ID number of contributing			365.00
	federal political committee.	C		303.00
	Name of Employer Wesley Family medicine	Occupation Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	7
	Primary General		115.00	1
	Other (specify) ▼		415.00	
_	LIDTOTAL of December This Day of the Co.			515.00
L	UBTOTAL of Receipts This Page (optional)		······	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 20 / 36
	·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)	. D. Pristal	Author Organistics	
\angle	American Academy of Family Physician	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) Christine A Petty, MD			Date of Receipt
	Mailing Address 2 White Oak Dr			10 06 2006
	City	State	Zip Code	Transaction ID: C237441
	Coal Valley	IL	61240-9571	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		400.00
	Name of Employer AmeriChoice	Occupation	n dical Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	33 -3		1
	Other (specify) ▼	1	400.00	
В.	Full Name (Last, First, Middle Initial) Elizabeth Carol Powers, MD			Date of Receipt
	Mailing Address 3403 SE 58th Ave			M M / D D / Y Y Y Y
	City	State	Zip Code	10 10 2006
	Portland	OR	97206-2811	Transaction ID: C237557
		On	97200-2011	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	•			
	Name of Employer OHSU	Occupation		
		Physiciar		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		365.00	
	Cirici (Specify)		1 1 1 1 1 1 1	
<u> </u>	Full Name (Last, First, Middle Initial) Elisabeth L Righter, MD			Date of Receipt
	Mailing Address Indian Ripple Family Hlt	h Ctr		M M / D D / Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y 1
	4428 Indian Ripple Rd	State	Zip Code	Transaction ID: C237340
	Beavercreek	OH	45440-3264	Amount of Each Receipt this Period
			70770 0207	Amount of Lacif Receipt this Period
	FEC ID number of contributing federal political committee.	C		84.00
	Name of Employer Kettering Medical Center	Occupation		7
	Receipt For: Age			_
			Year-to-Date ▼	. [
	Primary General Other (specify)		588.00	
	Office (specify) V	0 0		
,	IIDTOTAL of Descripts This Descriptor-II			849.00
\vdash	UBTOTAL of Receipts This Page (optional)		······································	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 21 / 36	
	EMIZED RECEIPTS		or each category of the	(check only one)	
THE MILES RECEIPTO			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17	
۸۰	winformation against from such Departs and St	otomonto moi	reat he cold or wood by any norce		
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\rangle	American Academy of Family Physicia	ns Political	Action Committee		
A.	Full Name (Last, First, Middle Initial) Jeannine Rodems, MD			Date of Receipt	
	Mailing Address 15 Suncrest Dr	Ctata	7in Codo	10 10 2006	
	City	State CA	Zip Code	Transaction ID: C237542	
	Soquel	CA	95073-9709	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		365.00	
	Name of Employer Self-Employed	Occupation Physician			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		365.00		
	Other (specify)	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) John Edward Sattenspiel, MD			Date of Receipt	
	Mailing Address 1800 Millrace Dr			10 05 7 9 9 9	
	City State		Zip Code	Transaction ID: C237373	
	Eugene	OR	97403-1992	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		50.00	
	Name of Employer Salem Family Physicians, PC	Occupation Physician			
	Receipt For:	<u> </u>	Year-to-Date ▼		
	Primary General				
	Other (specify) ▼	0 0	450.00		
C.	Full Name (Last, First, Middle Initial) James W Schouten, MD			Date of Receipt	
	Mailing Address 708 S Coeur D Alene L	n		10 04 2006	
	City	State	Zip Code	Transaction ID: C237343	
	Payson	AZ	85541-5662	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		46.00	
	Name of Employer Banner Health	Occupation Physician			
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		230.00		
	Other (specify)	0 0	230.00		
s	UBTOTAL of Receipts This Page (optional)			461.00	
\vdash			•		
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)		lla a agravata a abadula(a)	FOR LINE NUMBER: PAGE 22/36
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and ado	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physician	s Political	Action Committee	
_	Full Name (Last, First, Middle Initial)			5. (5
A.	Aaron Burl Shives, MD			Date of Receipt
	Mailing Address Brown Clinic/Rich 511 14th Ave NE			10 04 2006
	City	State	Zip Code	Transaction ID: C237348
	Watertown	SD	57201-6811	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		40.00
	Name of Employer	Occupation	 1	┪
	Name of Employer Brown Clinic	Physician		
	Receipt For:	<u> </u>	Year-to-Date ▼	7
	Primary General	1 1	220.00	
	Other (specify) ▼		320.00	
	Full Name /Leat First Middle Initial)			_
В.	Full Name (Last, First, Middle Initial) Daniel R Spogen, MD			Date of Receipt
	Mailing Address 545 Calle De La Plata			M M / D D / Y Y Y Y
				10 09 2006
	City	State	Zip Code	Transaction ID: C237524
	Sparks	NV	89441-8519	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	rederal political confinitiee.			
	Name of Employer University of Nevada	Occupation		
		Physician		4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		365.00	
			0 0 0 0 0 0 0	1
_	Full Name (Last, First, Middle Initial)			B. (B.);
C.	Keith L Stelter, MD Mailing Address 622 Sunrise Dr			Date of Receipt
	Mailing Address 622 Sunrise Dr			10 10 2006
	City	State	Zip Code	Transaction ID: C237560
	Saint Peter	MN	56082-1201	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	C		200.00
	Name of Employer	Occupation	1	7
	ISJ/Mayo Health System	Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		375.00	
	Other (specify)		070.00	
۱ و	JBTOTAL of Receipts This Page (optional)			655.00
\vdash	ODITAL OF HOOGIPES THIS Lage (Optional)			

S	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 23 / 36
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Academy of Family Physicians	Political	Action Committee	
۹.	Full Name (Last, First, Middle Initial) Gerry Stover			Date of Receipt
	Mailing Address 2638 Putnam Ave			10 10 / 2006
	City	State	Zip Code	Transaction ID: C237558
	<u>Hurricane</u>	WV	25526-1131	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		365.00
	Name of Employer West Virginia Academy of Family Physic	Occupation Chapter E		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		365.00	
	Other (specify) ▼	0 0	363.00	
3.	Full Name (Last, First, Middle Initial) Michael S Strekall, MD			Date of Receipt
	Mailing Address 405 Saddle Dr	10 06 7 2006		
	City	State	Zip Code	Transaction ID: C237466
	<u>Helena</u>	MT	59601-5632	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		300.00
	Name of Employer Helena Health Center	Occupation Physician		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		300.00	
_	Full Name (Last, First, Middle Initial)			Date of Bookint
٠.	Rosemarie Sweeney, MD Mailing Address 5915 Ramsgate Road			Date of Receipt
	Mailing Address 5915 Ramsgate Road			10 04 2006
	City	State	Zip Code	Transaction ID: C237349
	Bethesda	MD	20816	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		150.00
	Name of Employer American Academy of Family	Occupation		7
	Physicians Receipt For:	Vice Pres	Year-to-Date V	_
	Primary General	Aggregate	Teal-10-Date ▼	
	Other (specify) ▼	0 0	750.00	
s	UBTOTAL of Receipts This Page (optional)			815.00
			<u> </u>	
T	OTAL This Period (last page this line number onl	y)		

				_
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 24 / 36	
ıT	EMIZED RECEIPTS		or each category of the	(check only one)
TI LIWIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
			., ., .,	13 14 15 16 17
Ar or	ly information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
\rangle	American Academy of Family Physicians	s Political	Action Committee	
Α.	Full Name (Last, First, Middle Initial) James O Theis, MD			Date of Receipt
	Mailing Address 6019 Constance Street			10 06 2006
	City	State	Zip Code	Transaction ID: C237467
	New Orleans	LA	70118-5806	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Tulane University	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼	0 0	500.00	
В.	Full Name (Last, First, Middle Initial) Boyce G Tollison, MD			Date of Receipt
	Mailing Address 105 Medinah Dr PO Box 2927			10 11 2006
	City	State	Zip Code	Transaction ID: C238069
	Easley	SC	29642-3127	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Palmetto Baptist Easley	Occupation Physician		
	Receipt For:		e Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Randell K Wexler, MD			Date of Receipt
	Mailing Address 540 Woodfield Ct			10 13 YYYYY 10 13 2006
	City	State	Zip Code	Transaction ID: C238949
	Columbus	ОН	43230-7009	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Ohio State University	Occupation Physician		
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 4000.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
Щ	, ,		<u>*</u>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 25 / 36 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Staten for commercial purposes, other than using the nam	nents may ne and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Academy of Family Physicians F	Political	Action Committee	
A .	Name of Employer Dahlonega Physicians Group	State GA C Decupation Physician Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
3.	Name of Employer Self-Employed @ Life Scape Med C F	State AZ C Decupation Physicain Aggregate	Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C .	Name of Employer University of Tennessee, College of Me	State TN C Occupation Physician Aggregate		Date of Receipt M M M / D D J / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SI	JBTOTAL of Receipts This Page (optional)		·····	1150.00
т	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		l le compuete a chardrile (s)	FOR LINE NUMBER: PAGE 26/36
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
•	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)		71	
\rangle	American Academy of Family Physician	s Political	Action Committee	
۸.	Full Name (Last, First, Middle Initial) Lillian Wu, MD			Date of Receipt
	Mailing Address 278 Lind Ave NW			10 10 2006
	City	State	Zip Code	Transaction ID: C237559
	Renton	WA	98055-1136	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Community Health Centers of King Count	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	1 1	250.00	1
	Other (specify)	0 0	230.00	
3.	Full Name (Last, First, Middle Initial) Jenel Steele Wyatt, MD			Date of Receipt
	Mailing Address JHCP-Odenton 1132 Annapolis Rd			10 04 7 2006
	City	State	Zip Code	Transaction ID: C237352
	Odenton	MD	21113-1647	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		100.00
	Name of Employer Johns Hopkins Community Physicians	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify) ▼	0 0	300.00	
Э.	Full Name (Last, First, Middle Initial) Dennis Buford Yelvington, MD			Date of Receipt
	Mailing Address PO Box 1901			10 10 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: C237546
	Stuttgart	AR	72160-1901	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		365.00
	Name of Employer Stuttgart Medical Center	Occupation Physician		
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General		490.00	
	Other (specify)		490.00	
s	UBTOTAL of Receipts This Page (optional)			715.00
т.	OTAL This Period (last page this line number or	nlv)		
• '	· · · · · · · · · · · · · · · ·		······	

City

Weimer

Name of Employer Self-Employed

Primary

Other (specify)

Receipt For:

City

Weimer

Name of Employer Self-Employed

Primary

Other (specify)

General

Receipt For:

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

FOR LINE NUMBER: PAGE 27/36 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c **Detailed Summary Page** 13 14 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Academy of Family Physicians Political Action Committee Full Name (Last, First, Middle Initial) Robert A Youens, MD, MMM Date of Receipt Mailing Address 402 Youens Drive 10 04 2006 State Zip Code Transaction ID: C237354 TX 78962 Amount of Each Receipt this Period FEC ID number of contributing 25.00 C federal political committee. Occupation Physician Aggregate Year-to-Date ▼ General 1225.00 Full Name (Last, First, Middle Initial) B. Robert A Youens, MD, MMM Date of Receipt Mailing Address 402 Youens Drive 10 2006 Zip Code State Transaction ID: C237537 TX 78962 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Occupation

1225.00

SUBTOTAL of Receipts This Page (optional)	•	1025.00
TOTAL This Period (last page this line number only)	•	20085.79

Physician

Aggregate Year-to-Date ▼

S

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 28/36 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
Any information copied from such Reports and Stater or for commercial purposes, other than using the name		
NAME OF COMMITTEE (In Full) American Academy of Family Physicians I	Political Action Committee	
Full Name (Last, First, Middle Initial) American Academy of Family Physicians Mailing Address 11400 Tomahawk Creek P City	Pkwy State Zip Code	Date of Receipt 10 12 2006 Transaction ID: C238102
Leawood FEC ID number of contributing federal political committee.	KS 66211-2672	Amount of Each Receipt this Period 23.42
	Occupation Aggregate Year-to-Date ▼ 3826.29	

SUBTOTAL of Receipts This Page (optional)	>	23.42
TOTAL This Period (last page this line number only)	•	23.42

			erate schedule(s)				.INE N : only (one) IUMBE	H:			PAG	iE 29	/ 36
IT	EMIZED DISBURSEMENTS		category of the Summary Page		Š	_	b Ľ	22 28a	Н	23 28b	П	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater													
Or	for commercial purposes, other than using the named NAME OF COMMITTEE (In Full)	ie and addre	ess of any political	COIII	IIII	illee i	O SOIIC	il Conti	ibut	ions ii	om s	uch co	mmuee	
$ \rangle$	American Academy of Family Physicians	Political A	ction Committe	ee										
_	Full Name (Last, First, Middle Initial)							Trans	acti	ion ID	: D34	4615		
Α.	American Express								_	isburs		nt		· V
	Mailing Address PO Box 53852							1 ^M 0	М	′	2	Ĺ	žoŏ	6
	City	State	Zip Code					Amou	int o	f Each	n Disk	oursem	ent this	Period
	Phoenix Purpose of Disbursement	AZ	85072-3852								•		2	2.95
	Credit Card Processing Fee						11		-	-	-			
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (spe	2006 General											
_	State: District: Other													
В.	Full Name (Last, First, Middle Initial) American Express							Date	of D	ion ID isburs	emer			
	Mailing Address PO Box 53852							1 ^M 0	М	[/] D	2	/ L	žoŏ	6 ^Y
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	n Disk	oursem		Period
	Purpose of Disbursement Credit Card Processing Fee						1						2	2.95
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (spe	2006 General											
	State: District: Other													
C.	Full Name (Last, First, Middle Initial) American Express							Date	of D	i on ID isburs	emer			
	Mailing Address PO Box 53852							1 ^M 0	М	[/] D	0 6	/ []	žoŏ	6
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	n Disk	oursem	ent this	Period
	Purpose of Disbursement Credit Card Processing Fee						7						3	3.96
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (spe	2006 General											
_	State: District: Other													
s	UBTOTAL of Disbursements This Page (optional)					-	<u> </u>						9	.86
т	OTAL This Period (last page this line number only)					•	L						

			erate schedule(s)				.INE N : only (one) IUMBE	H:			PAG	E 30 /	36
IT	EMIZED DISBURSEMENTS		category of the Summary Page		È	_	b Ľ	22 28a	Н	23 28b	\square	24 28c	25 29	26 30b
	y Information copied from such Reports and Stater													
Or	for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	ie and addre	ess of any political	COIII	1111	illee i	O SOIIC	il Conti	ibut	ions ii	OIII SI	JCH CON	mmuee	
$ \rangle$	American Academy of Family Physicians	Political A	ction Committe	е										
_	Full Name (Last, First, Middle Initial)							Trans	acti	ion ID	: D34	1618		
Α.	American Express									isburs			., .,	
	Mailing Address PO Box 53852							1 ^M 0	М	/ D	I O	/ Y	ž 0 ŏ	6 [*]
	City	State	Zip Code					Amou	int o	f Each	Disb	urseme	ent this	Period
	Phoenix Diverses of Dishuranment	AZ	85072-3852										28	26
	Purpose of Disbursement Credit Card Processing Fee				Ů		1		-	-				.20
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (sp	2006 General ecify)											
_	State: District: Other													
В.	Full Name (Last, First, Middle Initial) American Express								of D	isburs	emen	t	V ° V	. V
	Mailing Address PO Box 53852							1 ^M 0	М	/ D	I O	/ L	žoŏ	6 ^Y
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	n Disb	urseme		
	Purpose of Disbursement Credit Card Processing Fee						1			_			19	.62
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (sp	2006 General ecify)											
	State: District: Other													
C.	Full Name (Last, First, Middle Initial) American Express							Date	of D	ion ID isburs	emen	t		
	Mailing Address PO Box 53852							1 ^M 0	М	/ D	Ō	/ Y	ž 0 ŏ	6 [*]
	City Phoenix	State AZ	Zip Code 85072-3852					Amou	int o	f Each	n Disb	urseme	ent this	Period
	Purpose of Disbursement Credit Card Processing Fee						1	L.					2	.95
	Candidate Name					egory/ /pe								
	Senate President X	ement For: Primary Other (sp	2006 General ecify)											
_	State: District: Other													
s	UBTOTAL of Disbursements This Page (optional)						<u> </u>						50.	83
Т.	OTAL This Period (last page this line number only)					•							

		Use seperate schedule(s)		OR LIN heck or				L P/	AGE	31 / 3	6
ITE	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X	-	2	_	23 28b	24 28c	Н	25 29	26 30k
	Information copied from such Reports and Statem										;
	or commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political col	HITT	ee 10 S	SOIICIT C	UIIIIIU	uons iro	Such	cornn	iiitee	
`	American Academy of Family Physicians F	Political Action Committee									
	Full Name (Last, First, Middle Initial)				Tı	ansact	ion ID:	D3462	1		
٩.	American Express				D	ate of D			V • V	V	V
	Mailing Address PO Box 53852					1 0 1	1	1 /	' <u>2</u>	0 0̈́ 6	
		State Zip Code			А	mount o	of Each	Disburse	emen	t this P	eriod
	Phoenix Purpose of Disbursement	AZ 85072-3852			- [29.5	60
	Credit Card Processing Fee					-					-
	Candidate Name	C	Cate Typ	gory/ oe							
	Senate	ment For: 2006 Primary General Other (specify)									
	State: District: Other	· · · · · · · · · · · · · · · · · · ·									
•	Full Name (Last, First, Middle Initial)							D34622	2		
э.	American Express				_	ate of D			v · v	V	V
	Mailing Address PO Box 53852					10	1	3 /	ž	0 Ď 6	Y
	,	State Zip Code AZ 85072-3852			A	mount o	of Each	Disburse	emen		-
	Purpose of Disbursement Credit Card Processing Fee								-	41.7	1
	Candidate Name		Cate Typ	gory/ oe							
	Senate President X	ment For: 2006 Primary General Other (specify) ▼									
	State: District: Other										
_	Full Name (Last, First, Middle Initial) American Express				D	ate of D	isburse				_
	Mailing Address PO Box 53852					10	/ 1	6 / C	ž	0 0 6	Y
	,	State Zip Code AZ 85072-3852			A	mount o	of Each	Disburse	emen	t this P	eriod
	Purpose of Disbursement Credit Card Processing Fee		ů] L		-			157.3	8
	Candidate Name	C	Cate Ty _l	gory/ oe							
	Senate President X	ment For: 2006 Primary General Other (specify)									
	State: District: Other										-
SU	JBTOTAL of Disbursements This Page (optional) .									228.5	9
TC	PTAL This Period (last page this line number only)			•							

Image# 26960580699

_				
5	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		E NUMBER: PAGE 32/36
IT	EMIZED DISBURSEMENTS	for each category of the	(check on	
		Detailed Summary Page	X 21b 27	22 23 24 25 26 28a 28b 28c 29 30b
Δ	Information and them are such Department and Otataon			
	y Information copied from such Reports and Statem for commercial purposes, other than using the name			
Λ	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Academy of Family Physicians F	Political Action Committe	ee	
_	Full Name (Last, First, Middle Initial)			Transaction ID: D34624
Α.	American Express			Date of Disbursement
				10 16 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address PO Box 53852			10 16 2006
		State Zip Code		Amount of Each Disbursement this Period
	Phoenix	AZ 85072-3852		
	Purpose of Disbursement		-	11.07
	Credit Card Processing Fee			
	Candidate Name		Category/	
			Туре	4
		ement For: 2006		
	Senate	Primary General		
	President X State: District: Other	Other (specify)		
_				
В.	Full Name (Last, First, Middle Initial) Bank Of America Merchant Services			Transaction ID: D34614
	Bank Of America inerchant Services			Date of Disbursement
	Mailing Address WA2-505-01-40 PO Box 2485			$\begin{bmatrix} 1 & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} D & D \\ 0 & D \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$
		State Zip Code		Amount of Each Disbursement this Period
		WA 99210-2485		Amount of Each disbursement this Feriod
	Purpose of Disbursement			66.52
	Credit Card Processing Fee			
	Candidate Name		Category/	
			Type	
	Office Sought: House Disburse	ement For: 2006		1
	Senate	Primary General		
	President X	Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	•	77.59
TOTAL This Period (last page this line number only)	•	366.87

District:

State:

Other

SCHEDOLL B (I LCI OIIII 3X)	Use seperate schedule(s)	OR LIN			33 / 3	33 / 36				
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	22	2 X	23 28b	24 28c	Н	25 29	26 30k
Any Information copied from such Reports and Statem										
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full)	and address of any political co)[[[[[illee lo s	SOIICIL C	ontribu	tions in	om such	COITIII	iiilee	
American Academy of Family Physicians F	Political Action Committee									
Full Name (Last, First, Middle Initial)							D3411	3		
BEN CARDIN FOR SENATE				Da	ate of D	Disburse / D		v • v	V	V
Mailing Address PO Box 65056					"O "	1	0 /	2	0 0 6	
,	State Zip Code			Ar	nount o	of Each	Disburs	ement	t this P	eriod
Purpose of Disbursement	MD 21209-0056			- [5	0.000	0
Campaign contribution								^		
Candidate Name Ben Cardin			gory/ pe							
	ment For: 2006									
X Senate President	Primary X General Other (specify)									
State: MD District:	(- /)									
Full Name (Last, First, Middle Initial)							D3411	4		
Pryce for Congress						Disburse / D	ement	v • v	V	V
Mailing Address 145 East Rich Street					0	1	ŏ ′	ž	0 Ď 6	1
,	State Zip Code OH 43215			Ar	nount o	of Each	Disburs	ement	t this P	eriod
Purpose of Disbursement Campaign contribution			-					3	0.000	0
Candidate Name Rep. Deborah Pryce			gory/ pe							
Office Sought: X House Disburse	ment For: 2006 Primary X General									
President	Other (specify) ▼									
State: OH District: 15										
Full Name (Last, First, Middle Initial) Cantor for Congress						Disburse	D3412 ement	0		
Mailing Address PO Box 17813					0	/ 1	1 /	ž	0 0 6	Y
,	State Zip Code VA 23226			Ar	nount (of Each	Disburs	ement	t this P	eriod
Purpose of Disbursement Campaign contribution				7 L				2	500.0	0
Candidate Name Rep. Eric I. Cantor			gory/ pe							
Senate President	ment For: 2006 Primary X General Other (specify)		<u>.</u>							
State: VA District: 7										
SUBTOTAL of Disbursements This Page (optional) .			<u> </u>					10	500.0	0
TOTAL This Period (last page this line number only)			•							

		Use seperate schedule(s)		(check o			•	[-/	4GE	34 / 3	Ö	
T	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		21b 27	$\bigcap_{i=1}^{n} 2^{i}$	´ —	X 23 28b	24 28c		25 29	igsquare	26 80b
	y Information copied from such Reports and Stater										5	_
or	for commercial purposes, other than using the name	e and address of any politica	l comr	nittee to	solicit	contrib	utions fro	om such	comr	nittee		
\	NAME OF COMMITTEE (In Full)											
/	American Academy of Family Physicians	Political Action Committe	ee									
	Full Name (Last, First, Middle Initial)				Т	ransac	ction ID:	D3411	1			_
۸.	Lewis for Congress					Date of	Disburse / D		v • v	· · · ·	V	
	Mailing Address PO Box 2323					1"0 "	1	0 /	2	0 Ď 6		
	City	State Zip Code			A	mount	of Each	Disburse	emen	t this F	eriod	
	Atlanta Purpose of Disbursement	GA 30303			- [•		-2	2000.0	00	1
	Vioded Check #200037 6/9/2006				1	•			_			i
	Candidate Name Rep. John Lewis			tegory/ ype								
	· · ·	ement For: 2006										
	Senate X President	Primary General Other (specify)										
	State: GA District: 5	canol (openity)										
	Full Name (Last, First, Middle Initial)				т	ransac	ction ID:	D3411	2			
3.	Lewis for Congress						Disburs					
	Mailing Address PO Box 2323					10	/ D	0 /	ž	0 Ó 6	Y	
	City Atlanta	State Zip Code GA 30303			Δ	mount	of Each	Disburse	emen	t this F	eriod	_
	Purpose of Disbursement Campaign contribution								2	2000.0	00	_
	Candidate Name Rep. John Lewis			tegory/ ype								
	Office Sought: X House Senate President Disburs	ement For: 2006 Primary X General Other (specify)										
	State: GA District: 5											
).	Full Name (Last, First, Middle Initial) Friends of Mark Foley						ction ID: Disburse	D34149 ement	9			
	Mailing Address 1316 Lake Victoria Drive)			7 [10 M	/ D	6 /	Ý Ž	0 Ď 6	Y	
	City Lake Worth	State Zip Code FL 33461			Α	mount	of Each	Disburse	emen	t this F	eriod	_
	Purpose of Disbursement Voided check #200081 9/21/2006				 				-1	500.0	00	
	Candidate Name Rep. Mark Foley			tegory/ ype								
	Office Sought: X House Senate President State: FL District: 16	ement For: 2006 Primary X General Other (specify)										
9	UBTOTAL of Disbursements This Page (optional)			▶					-1	500.0	0	1
	ODITION OF DISDUISORNER THIS I age (optional)			···· /	- 1	-			_	-	\rightarrow	4
Т	OTAL This Period (last page this line number only)		•								1

Image# 26960580702

C	CHEDIII E B /EEC Earm 2V	٠ -													
	CHEDULE B (FEC Form 3X	′ Use sep	erate schedule(s)		-	NE NUMBER: PAGE 35 / 36 only one)									
IT	EMIZED DISBURSEMENTS		category of the		1 21b	<u> </u>		ا مم		_	1 25		ا مد ا		
		Detailed	Summary Page	⊢	27	22	, LX	23 28b	24 28c	\vdash	29	\vdash	26 30b		
Δn	y Information copied from such Reports and	N Statements may n	not he sold or user	d by any						contr		10	1 000		
	for commercial purposes, other than using t														
Λ	NAME OF COMMITTEE (In Full)														
	American Academy of Family Physi	cians Political A	ction Committe	ee											
	Full Name (Last, First, Middle Initial)					Tra	nsact	ion ID:	D3416	1					
Α.	Tom Allen for Congress					Dat		isburse		· · ·	/ · V	V			
	Mailing Address PO Box 17766					1		1	^D /	2	ž o ŏ (3 '			
	City	State	Zip Code			Am	ount c	of Each	Disburs	emer	nt this	Peri	od		
	Portland	ME	04112							-	-				
	Purpose of Disbursement Voided check # 200030 3/16/2006			Ů			•			-	1000.	00			
	Candidate Name Rep. Thomas H. Allen			Cate Typ											
	Senate President	Disbursement For: X Primary Other (spe	2006 General												
	State: ME District: 1														
ь	Full Name (Last, First, Middle Initial)					Tra	nsact	ion ID:	D3416	2					
В.	Tom Allen for Congress					Dat	e of D	isburse							
	Mailing Address PO Box 17766					1 M		/ 1	7 /	Y	ž o ŏ (3 Y			
	City Portland	State ME	Zip Code 04112			Am	ount c	of Each	Disburs			-	od		
	Purpose of Disbursement Campaign contribution										1000.	00			
	Candidate Name Rep. Thomas H. Allen			Cate Typ											
	Office Sought: X House Senate President State: ME District: 1	Disbursement For: Primary Other (spe	2006 X General ecify)												

1		
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	0.00
TOTAL This Period (last page this line number only)	•	9000.00

Image# 26960580703 Form/Schedule:**SA15** Permissible reimbursement from connected organization for bank/credit card processing fees. Transaction ID: C238102